



B10 (Official Form 10) (04/13)

<b>UNITED STATES BANKRUPTCY COURT</b> <b>Eastern District of Michigan</b>		<b>PROOF OF CLAIM</b> <div style="position: absolute; top: 0; right: 0; text-align: right;"> <b>FILED</b>  2014 FEB -5 11:17  U.S. BANKRUPTCY COURT  ED. MICHIGAN, DETROIT </div>
Name of Debtor: City of Detroit, Michigan	Case Number: 2:13-BK-53846	<b>COURT USE ONLY</b> <input checked="" type="checkbox"/> Check this box if this claim amends a previously filed claim.  <b>Court Claim Number:</b> 173264 <i>(If known)</i>  <b>Filed on:</b> 10/22/2012
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Beatrice McQueen		
Name and address where notices should be sent: 26533 Blumfield Roseville, Michigan 48066  Telephone number: (586) 439-8564      email: McQueenBea@yahoo.com		<div style="text-align: center;"> <b>RECEIVED</b>  FEB 07 2014 </div>
Name and address where payment should be sent (if different from above):   Telephone number:      email:		<div style="text-align: center;"> <b>KURTZMAN CARSON CONSULTANTS</b> </div> <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
<b>1. Amount of Claim as of Date Case Filed:</b> \$ 3,968.00  If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> Vacation Pay that was retrieved in payroll error. (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b> 4   2   6   5	<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)
<b>4. Secured Claim</b> (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  <b>Nature of property or right of setoff:</b> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:  <b>Value of Property:</b> \$ _____  <b>Annual Interest Rate</b> _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		
<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____  <b>Basis for perfection:</b> _____  <b>Amount of Secured Claim:</b> \$ _____  <b>Amount Unsecured:</b> \$ _____		
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). </div> <div style="width: 30%;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). </div> <div style="width: 30%;"> <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). </div> <div style="width: 30%;"> <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____). </div> </div> <b>Amount entitled to priority:</b> \$ _____		
<small>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

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**7. Documents:** Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

RECEIVED

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

FEB 07 2014

**8. Signature:** (See instruction #8)

KURTZMAN CARSON CONSULTANTS

Check the appropriate box.

- ☒ I am the creditor.    ☐ I am the creditor's authorized agent.    ☐ I am the trustee, or the debtor, or their authorized agent.    ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
- (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Beatrice McQueen  
 Title: Retired  
 Company: City of Detroit, Michigan  
 Address and telephone number (if different from notice address above):  
 \_\_\_\_\_  
 \_\_\_\_\_

Beatrice McQueen 1/31/2014  
 (Signature) (Date)

Telephone number: (586) 439-8564 email: McQueenBea@yahoo.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

### INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

#### Items to be completed in Proof of Claim form

#### Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

#### Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

#### 1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

#### 2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

#### 3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

#### 3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

#### 3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

#### 4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

#### 5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

#### 6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

#### 7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

#### 8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION  
MARTHA B. YODER  
DIRECTOR

STEVE ARWOOD  
DIRECTOR

January 22, 2014

BEATRICE MCQUEEN  
26533 BLUMFIELD  
ROSEVILLE, MI 48066

Re: Claim# 173264, BEATRICE MCQUEEN vs. City of Detroit

This is in reference to your complaint filed with the Wage and Hour Program.

As you are aware, your employer has filed with the United States Bankruptcy Court and the bankruptcy application was accepted. Because of this action the department is suspending this file.

The following information is provided for your information if you wish to file your claim with the bankruptcy court. The deadline to file a proof of claim with the court is **February 21, 2014 at 4:00 p.m. Eastern Time.**

Bankruptcy Court:	U.S. Bankruptcy Court, Eastern District of Michigan (Detroit)
Address of Court:	211 W. Fort St, 21 <sup>st</sup> Fl Detroit, MI 48226
Name of Debtor:	City of Detroit, Michigan
Case Number:	2:13-BK-53846

For questions concerning the City of Detroit bankruptcy you may contact the City of Detroit or you may visit the United States Bankruptcy Court, Eastern District of Michigan website at <http://www.mieb.uscourts.gov/apps/detroit/DetroitBK.cfm>.

#### Wage and Hour Program

cc: City of Detroit 2 Woodward Ave, Ste 126 Detroit, MI 48226	City of Detroit Law Dept Attn: Sharon D. Guillory 1 <sup>st</sup> National Building 660 Woodward Ave, Ste 1650 Detroit, MI 48226	City of Detroit Law Dept Attn: Letitia C. Jones 1 <sup>st</sup> National Building 660 Woodward Ave, Ste 1650 Detroit, MI 48226
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LARA is an equal opportunity employer/program.  
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

WAGE AND HOUR PROGRAM  
TECHNICAL SERVICES DIVISION  
P.O. BOX 30476 • LANSING, MICHIGAN 48909-7976  
www.michigan.gov/wagehour • (517) 322-1825 • FAX (517) 322-6352  
Toll Free: 1-855-4MI-WAGE (1-855-464-9243)



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION  
MARTHA B. YODER  
DIRECTOR

STEVE ARWOOD  
DIRECTOR

April 18, 2013

Beatrice McQueen  
26533 Blumfield  
Roseville, MI 48066

Dear Sir or Madam:

Re: Beatrice McQueen, Claim # 173264, vs. City of Detroit

Your claim has been received by the Wage & Hour Program and assigned to me for investigation. Investigations are conducted on a first in, first out basis. This means that claims received prior to yours must be handled first.

A notification letter was sent to City of Detroit on April 18, 2013 with the following allegations:

<u>Amount</u>	<u>Type</u>	<u>Period</u>	<u>Description</u>
\$3,968.00	Vacation Pay	10/01/12 - 02/22/13	320 hours vacation due at retirement

It is not necessary to respond to this letter. If your assistance is needed during the investigation, you will be contacted. This contact may not occur until your claim comes up in caseload rotation. This may take a while. The time required to complete an investigation depends on caseload size, your cooperation, the employer's cooperation and the complexity of the claim. To help expedite the investigation, in the interim you should submit whatever records or documentation you have to support your claim to the division at the address below.

It is important that you notify me with address or daytime phone number changes for all parties involved with this case and any direct payments received. Failure to report this information will delay the investigation of your claim. The division cannot mail any monies received without a current address.

Sincerely,

Randall Harrison, Investigator  
(313) 456-4957  
HarrisonR1@michigan.gov

LARA is an equal opportunity employer/program.  
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

Wage and Hour Program  
7150 Harris Drive • P.O. BOX 30476 • LANSING, MICHIGAN 48909-7976  
www.michigan.gov/wagehour • (517) 322-1825  
Toll Free 1-855-4MI-WAGE (1-855-464-9243)

**CITY OF DETROIT  
HUMAN RESOURCES DEPARTMENT  
EMPLOYEE GRIEVANCE FORM FOR CLASSIFIED NON-UNION EMPLOYEES**

**INSTRUCTIONS:**

1. Type or print all information
2. Fill form out in accordance with Human Resources Department Employee Grievance Procedure for non-union employees.
3. If additional sheets are necessary to complete any section use plain white paper and attach a complete set to each copy of form.

EMPLOYEE'S NAME: Beatrice McQueen

CLASSIFICATION: Assistant to Human Resources General Manager DDOT

DEPARTMENT: Human Resources DIVISION: Employee Services

LOCATION: 1301 East Warren, Detroit, Michigan 48207

TELEPHONE: BUSINESS 313.833.7115 HOME 586.439.8564

DATE INCIDENT OCCURRED CAUSING GRIEVANCE: Approximately (3) years ago

DESCRIPTION OF GRIEVANCE: Approximately (3) years ago I self reverted back to Human Resources from DWDD, in doing so the Manager at that time Denise Gibson a Contractor, who was not familiar with Work Brain, inadvertently dissolved my time. Upon my return back to HR my time was put back into my bank. In July of this year is when the issue started, must use vacation time have to be used before the end of September 30, 2012 or the time would be relinquished. I had accumulated 408 vacation hours and 88 of those hours had to be used at that time. That left me a total of 320 vacation hours. I was told by Aisha Woods that there was a glitch in the system therefore my vacation hours had to be taken away. The glitch in the system was months ago; I received those vacation hours over 2 years ago when Brenda Braceful was my Manager and had my time corrected.

DESIRED SOLUTION: Please return my 320 Vacation hours.

DATE FIRST DISCUSSED WITH IMMEDIATE SUPERVISOR: August 2012

EMPLOYEE SIGNATURE: Beatrice McQueen

DATE SENT TO IMMEDIATE SUPERVISOR: 10/26/2012

**STEP ONE (IMMEDIATE SUPERVISOR) DECISION**

DATE OF DISCUSSION: \_\_\_\_\_ DATE OF DECISION: \_\_\_\_\_

IMMEDIATE SUPERVISOR (SIGNATURE): \_\_\_\_\_